

FORM A

LOBBYIST NOTICE OF TERMINATION

SCMC § 2.155.050

SEE INSTRUCTIONS ON REVERSE

File Original with the City Clerk

For Official Use Only

Page ____ of ____

Name of Lobbyist:

Telephone Number:

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Business Address, and Telephone Number

Effective Date of Termination

VERIFICATION

I certify that I have been authorized by the Lobbyist identified above to make this verification. I have reviewed the requirements of the provisions of the Santa Clara Municipal Code (Chapter 2.155). I certify under penalty of perjury under the laws of the State of California that I have reviewed the Notice of Termination and to the best of my knowledge the information contained herein is true and complete.

Print Name: _____

Title: _____

Signature: _____

Executed on: _____
(month, day, year)